

PART B - FEE(S) TRANSMITTAL

07-01-04

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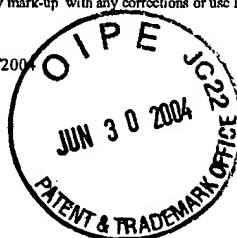
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04/14/2004

EDMUND P. ANDERSON
 DELPHI TECHNOLOGIES, INC.
 Mail Code: 480-414-420
 P.O. Box 5052
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Katie Hales	(Depositor's name)
Katie Hales	(Signature)
30-Jun-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/728,244	12/01/2000	Thomas J. Bucholz	DE3-0081	2505

TITLE OF INVENTION: DOUBLE FLANK WORM GEAR MECHANISM

D-301436

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOYCE, WILLIAM C	3682	074-425000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael D. Smith

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 2 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number SO-0831 (enclose an extra copy of this form).

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